

CB Form 24 (7/00)

**REQUEST FOR DIRECT REIMBURSEMENT OF TRAVEL EXPENSES
BY SUBSTITUTE PROSECUTOR
Code Section 19.2-155**

SECTION I - CASE AND APPOINTMENT

Commonwealth v. _____

County or City of _____
(Locality Name)

(3-Digit Code)

Attach a copy of the Court Order of Appointment

SECTION II - SUBSTITUTE PROSECUTOR INFORMATION

Printed Name: _____

Title: _____

SS#: _____

Work Address:

Office of the Commonwealth's Attorney

(Locality Name)

(3-Digit Code)

(Address)

(note: Check will be mailed to this address)

SECTION III – EXPENSES

FROM _____ **TO** _____
(Date) (Date)

A.	Personal Vehicle Mileage :	_____ miles @ 32.5¢ per mile =	\$	_____
B.	___ Meals @ Total Cost =		\$	_____
C.	___ Nights Lodging, @ \$ _____ per night =		\$	_____
D.	Tolls and Parking =		\$	_____
	TOTAL REQUEST:		\$	_____

SECTION IV - CERTIFICATION

Reimbursement is requested for necessary and direct travel, meals and lodging expenses incurred while serving as a Substitute Prosecutor in

_____ County/City.
(locality)

I certify that this request for reimbursement is in accordance with Compensation Board travel expense policy, and that I am:

_____ a Commonwealth's Attorney or Assistant Commonwealth's Attorney not allowed to engage in the private practice of law.

_____ a Commonwealth's Attorney or Assistant Commonwealth's Attorney allowed to engage in the private practice of law and that I am requesting reimbursement for travel expenses only.

I further certify that I have not received any other reimbursement for these expenses, I will not submit any request for duplicate reimbursement for these expenses, and that I incurred and paid these expenses as a part of my official duties.

_____ This is a final billing for this case, _____ This is a partial billing for this case.
concluded on _____.
(Date)

(Signature of Substitute Prosecutor)

(Date)

SECTION V - APPROVALS

I certify that the above individual was appointed and served as a Substitute Prosecutor, and that the request submitted is reasonable and proper in the context of this case, to the best of my knowledge and belief. Reimbursement in the amount requested is recommended.

(Signature of Appointing Judge or Commonwealth's Attorney)

(Date)

(Printed Name)

_____ Reimbursement approved by Compensation Board action _____
(Date)

_____ Reimbursement approved by Executive Secretary _____
(Date)